

Listing of Claims:

Claim 1 (previously presented): A bifurcated stent comprising:

a main covered stent having a main stent covered by a graft and defining an opening, and having a leading end and a trailing end, wherein the main covered stent tapers in cross-sectional diameter toward the trailing end and the leading end; and

a side limb having a side stent, wherein side limb is in contact with said main covered stent about said opening.

Claim 2 (previously presented): The bifurcated stent according to claim 1, wherein said side stent is not attached to said main stent of said main covered stent.

Claim 3 (original): The bifurcated stent according to claim 1, wherein said limb further has a cuff that is attached to said graft of said main covered stent.

Claim 4 (original): The bifurcated stent according to claim 3, wherein said cuff is attached by being connected to said graft.

Claim 5 (original): The bifurcated stent according to claim 3, wherein said cuff is attached by being continuous with said graft.

Claim 6 (original): The bifurcated stent according to claim 3, wherein said side stent is not attached to said main stent of said main covered stent.

Claim 7 (original): The bifurcated stent according to claim 1, wherein said stent is attached to said main stent of said main covered stent.

Claim 8 (original): The bifurcated stent according to claim 7, wherein said side stent is attached by being connected to said main stent.

Claim 9 (original): The bifurcated stent according to claim 7, wherein said side stent is attached by being continuous with said main stent.

Claim 10 (previously presented): The bifurcated stent according to claim 1, wherein said cross-sectional diameter of said main covered stent varies along its extent.

Claim 11 (cancelled).

Claim 12 (cancelled).

Claim 13 (previously presented): The bifurcated stent according to claim 1, wherein a portion of said main covered stent has a constant cross section.

Claim 14 (original): The bifurcated stent according to claim 1, wherein said side limb and said opening have similar cross section.

Claim 15 (original): The bifurcated stent according to claim 1, wherein a cross section of said leading end is appropriately sized to control blood flow from said left ventricle into said main covered stent.

Claim 16 (original): The bifurcated stent according to claim 1, wherein a cross section of said trailing end is appropriately sized to control blood flow into a right atrium.

Claim 17 (original): The bifurcated stent according to claim 1, wherein cross section of said opening and said side limb are appropriately sized to control the amount of blood flowing into the retrograde portion of the coronary sinus.

Claim 18 (original): The bifurcated stent according to claim 1, wherein cross section of said trailing end, said leading end, said opening, and said side limb are appropriately sized to prevent pressure level within said coronary sinus from rising above about 50 mm Hg.

Claim 19 (original): The bifurcated stent according to claim 1, wherein cross section of said trailing end, said leading end, said opening, and said side limb are appropriately sized to prevent pressure level within the coronary sinus from rising above about half systemic pressure.

Claim 20 (original): The bifurcated stent according to claim 1, wherein said trailing end, said leading end, said opening, and said side limb are each from about 1 mm to about 6 mm in diameter.

Claim 21 (original): The bifurcated stent according to claim 20, wherein said trailing end, said leading end, said opening, and said side limb are each from about 2 mm to about 5 mm in diameter.

Claim 22 (original): The bifurcated stent according to claim 1, wherein said side limb and said opening have similar cross section.

Claim 23 (original): The bifurcated stent according to claim 1, wherein cross section of said side limb varies along its extent.

Claim 24 (original): The bifurcated stent according to claim 1, wherein said side limb is from about 1 mm to about 6 mm in diameter.

Claim 25 (original): The bifurcated stent according to claim 1, wherein said main covered stent and said side limb allow compression and expansion.

Claim 26 (original): The bifurcated stent according to claim 1, wherein said main covered stent and said side limb are flexible.

Claim 27 (original): The bifurcated stent according to claim 1, wherein said main covered stent and said side stent are of mesh construction.

Claim 28 (original): The bifurcated stent according to claim 1, wherein said main covered stent and said side stent are of coiled construction.

Claim 29 (original): The bifurcated stent according to claim 1, wherein said main covered stent does not exceed from about 6 mm to about 12 mm in diameter.

Claim 30 (original): The bifurcated stent according to claim 1, wherein said graft is inside said main stent.

Claim 31 (original): The bifurcated stent according to claim 1, wherein said graft is outside said main stent.

Claim 32 (original): The bifurcated stent according to claim 1, wherein said main stent is sandwiched between an inside graft and an outside graft.

Claim 33 (original): The bifurcated stent according to claim 1, wherein said main covered stent expands and forms a friction fit.

Claim 34 (original): The bifurcated stent according to claim 1, wherein a portion of said main stent near said trailing end is not covered by said graft.

Claims 35-48 (cancelled).

Claim 49 (previously presented): A bifurcated stent for facilitating retrograde supply of oxygenated blood to heart tissue through a coronary sinus comprising:

a main covered stent having a main stent covered by a graft and defining an opening, and having a leading end and a trailing end, wherein said main covered stent tapers in cross sectional area toward said leading end and toward said trailing end, and

a side limb comprising a side stent, wherein said side limb is in contact with said main covered stent about said opening.

Claim 50 (previously presented): The bifurcated stent according to claim 1, wherein said leading end is configured to be positioned in a left ventricle and said trailing end is configured to be positioned in a right atrium.

Claim 51 (previously presented): A bifurcated stent comprising:

a main covered stent having a main stent covered by a graft and defining an opening, and having a leading end and a trailing end, wherein said main covered stent exhibits a constriction near said leading end and a constriction near said trailing end; and

a side limb having a side stent, wherein side limb is in contact with said main covered stent about said opening.

Claim 52 (previously presented): The bifurcated stent according to claim 51, wherein said side stent is not attached to said main stent of said main covered stent.

Claim 53 (previously presented): The bifurcated stent according to claim 51, wherein said limb further has a cuff that is attached to said graft of said main covered stent.

Claim 54 (previously presented): The bifurcated stent according to claim 53, wherein said cuff is attached by being connected to said graft.

Claim 55 (previously presented): The bifurcated stent according to claim 53, wherein said cuff is attached by being continuous with said graft.

Claim 56 (previously presented): The bifurcated stent according to claim 53, wherein said side stent is not attached to said main stent of said main covered stent.

Claim 57 (previously presented): The bifurcated stent according to claim 51, wherein said stent is attached to said main stent of said main covered stent.

Claim 58 (previously presented): The bifurcated stent according to claim 57, wherein said side stent is attached by being connected to said main stent.

Claim 59 (previously presented): The bifurcated stent according to claim 57, wherein said side stent is attached by being continuous with said main stent.

Claim 60 (previously presented): The bifurcated stent according to claim 51, wherein a portion of said main covered stent has a constant cross section.

Claim 61 (previously presented): The bifurcated stent according to claim 51, wherein said side limb and said opening have similar cross section.

Claim 62 (previously presented): The bifurcated stent according to claim 51, wherein a cross section of said leading end is appropriately sized to control blood flow from said left ventricle into said main covered stent.

Claim 63 (previously presented): The bifurcated stent according to claim 51, wherein a cross section of said trailing end is appropriately sized to control blood flow into a right atrium.

Claim 64 (previously presented): The bifurcated stent according to claim 51, wherein cross section of said opening and said side limb are appropriately sized to control the amount of blood flowing into the retrograde portion of the coronary sinus.

Claim 65 (previously presented): The bifurcated stent according to claim 51, wherein cross section of said trailing end, said leading end, said opening, and said side limb are appropriately sized to prevent pressure level within said coronary sinus from rising above about 50 mm Hg.

Claim 66 (previously presented): The bifurcated stent according to claim 51, wherein cross section of said trailing end, said leading end, said opening, and said side limb are appropriately sized to prevent pressure level within the coronary sinus from rising above about half systemic pressure.

Claim 67 (previously presented): The bifurcated stent according to claim 51, wherein said trailing end, said leading end, said opening, and said side limb are each from about 1 mm to about 6 mm in diameter.

Claim 68 (previously presented): The bifurcated stent according to claim 51, wherein said trailing end, said leading end, said opening, and said side limb are each from about 2 mm to about 5 mm in diameter.

Claim 69 (previously presented): The bifurcated stent according to claim 51, wherein said side limb and said opening have similar cross section.

Claim 70 (previously presented): The bifurcated stent according to claim 51, wherein cross section of said side limb varies along its extent.

Claim 71 (previously presented): The bifurcated stent according to claim 51, wherein said side limb is from about 1 mm to about 6 mm in diameter.

Claim 72 (previously presented): The bifurcated stent according to claim 51, wherein said main covered stent and said side limb allow compression and expansion.

Claim 73 (previously presented): The bifurcated stent according to claim 51, wherein said main covered stent and said side limb are flexible.

Claim 74 (previously presented): The bifurcated stent according to claim 51, wherein said main covered stent and said side stent are of mesh construction.

Claim 75 (previously presented): The bifurcated stent according to claim 51, wherein said main covered stent and said side stent are of coiled construction.

Claim 76 (previously presented): The bifurcated stent according to claim 51, wherein said main covered stent does not exceed from about 6 mm to about 12 mm in diameter.

Claim 77 (previously presented): The bifurcated stent according to claim 51, wherein said graft is inside said main stent.

Claim 78 (previously presented): The bifurcated stent according to claim 51, wherein said graft is outside said main stent.

Claim 79 (previously presented): The bifurcated stent according to claim 51, wherein said main stent is sandwiched between an inside graft and an outside graft.

Claim 80 (previously presented): The bifurcated stent according to claim 51, wherein said main covered stent expands and forms a friction fit.

Claim 81 (previously presented): The bifurcated stent according to claim 51, wherein a portion of said main stent near said trailing end is not covered by said graft.

Claim 82 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 1.

Claim 83 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 2.

Claim 84 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 3.

Claim 85 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 4.

Claim 86 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 5.

Claim 87 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 6.

Claim 88 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 7.

Claim 89 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing

a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 8.

Claim 90 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 9.

Claim 91 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 10.

Claim 92 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 13.

Claim 93 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 14.

Claim 94 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 15.

Claim 95 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 16.

Claim 96 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 17.

Claim 97 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 18.

Claim 98 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 19.

Claim 99 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 20.

Claim 100 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing

a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 21.

Claim 101 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 22.

Claim 102 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 23.

Claim 103 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 24.

Claim 104 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 25.

Claim 105 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 26.

Claim 106 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 27.

Claim 107 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 28.

Claim 108 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 29.

Claim 109 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 30.

Claim 110 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 31.

Claim 111 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing

a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 32.

Claim 112 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 33.

Claim 113 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 34.

Claim 114 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 50.

Claim 115 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 51.

Claim 116 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 52.

Claim 117 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 53.

Claim 118 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 54.

Claim 119 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 55.

Claim 120 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 56.

Claim 121 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 57.

Claim 122 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing

a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 58.

Claim 123 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 59.

Claim 124 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 60.

Claim 125 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 61.

Claim 126 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 62.

Claim 127 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 63.

Claim 128 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 64.

Claim 129 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 65.

Claim 130 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 66.

Claim 131 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 67.

Claim 132 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 68.

Claim 133 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing

a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 69.

Claim 134 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 70.

Claim 135 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 71.

Claim 136 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 72.

Claim 137 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 73.

Claim 138 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 74.

Claim 139 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 75.

Claim 140 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 76.

Claim 141 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 77.

Claim 142 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 78.

Claim 143 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 79.

Claim 144 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing

a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 80.

Claim 145 (previously presented): A method for facilitating retrograde supply of oxygenated blood from a left ventricle to heart tissue via a coronary sinus comprising puncturing a hole through said coronary sinus and a wall of said left ventricle and delivering the bifurcated stent of claim 81.